

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051164

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

12871

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12871

FILED JAN 9 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4273 West Belle</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Earl Tinsley</u>		4. DATE OF DEATH Month Day Year <u>Dec. 24, 1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-42</u> 9. AGE (last birthday) <u>20 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McDonald Aircraft</u>	
11. BIRTHPLACE (City and state of country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Collins Tinsley</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Burgess</u>	
14. NAME OF HUSBAND OR WIFE <u>Audrey MacTinsley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <u>Yes July 6 to July 63</u>	
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compound Communicated Depressed fracture of the skull with laceration and hemorrhage of the brain, suffered while operating on depressed wound out of Capitol and truck here in vicinity of Beverly, Mo. on December 24, 1963.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>accident</u> DUE TO (c) <u>See above</u>		17. INFORMANT Address <u>Audrey Tinsley 4273 West Belle</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>12-27-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 45</u>		20f. CITY, TOWN, OR LOCATION <u>Beverly, Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1152 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>	
22b. ADDRESS <u>1300 Clark Ave.</u>		22c. DATE SIGNED <u>12-26-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jeff. Br Ks. Nat'l</u>	23d. LOCATION (City, town, or county) (State) <u>Jeff. Br Ks. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Bruce Funeral Home 446 Washington</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 27 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth M.D.</u>		27. REGISTRAR'S SIGNATURE	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederick R. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.